

2015 Dental Plan Comparisons - State Employees														
2015 Dental	State Uniform Dental		HDHP State Uniform Dental		EPIC Benefits +		Dental WI PPO		Dental WI Select	Anthem Dentacare HMO		Anthem Preferred PPO	Anthem Supplement	
Network	Requires a Preferred Provider	Out-of-Network Providers (if covered by plan)	Requires a Preferred Provider	Out-of-Network Providers (if covered by plan)	Affiliated with Delta Dental nationwide. Member responsible for charges over the allowable amount unless a Delta Premier Provider is used.		Delta Dental PPO Providers	All other recommended Delta Premier Providers	Affiliated with Delta Dental nationwide. Member responsible for charges over the allowable amount unless a Delta Premier Provider is used.	Must use a Dentacare Center		Any Dentist. Benefits are paid at a higher level if a PPO dentist is used.	Any Dentist	
2015 Premium Rates					Without Vision**	With Vision**	Active Employees & COBRA**		Active Employees & COBRA**	Region 1	Region 2			
Employee	Included with most health plans* Not all health plans offer out-of-network dental coverage. Check with your health plan before receiving out-of-network services.		Included with most health plans* Not all health plans offer out-of-network dental coverage. Check with your health plan before receiving out-of-network services.		\$19.77	\$24.02	\$25.49		\$20.52	\$18.62	\$18.62	\$20.48		
Employee + Spouse or Domestic Partner					\$39.54	\$47.04	\$53.96		\$42.19	\$37.24	\$37.24	\$40.95	\$36.17	
Employee + Child(ren)					\$39.54	\$47.04	60.34		48.68					
Family					\$59.31	\$70.34	\$91.21		\$71.59	\$59.57	\$59.57	\$67.57		\$54.28
Provider Network	In Network	Out-of-Network	In Network	Out-of-Network	Open Network		In Network	Out-of-Network	Open Network	Dentacare Providers Only		PPO Dentist	Other Dentist	Open Network
Deductible	\$0	\$0	Combined deductible includes medical, dental, and drug: \$1,500 single / \$3,000 family. Must be met before benefits are covered	Combined deductible includes medical, dental, and drug: Varies by plan if out-of-network benefits available. Must be met before benefits are covered	\$75 Must be met before benefits are covered		\$25 Must be met before benefits are covered	\$50 Must be met before benefits are covered	\$50 Must be met before benefits are covered	\$0	\$25 per member Must be met before benefits are covered	\$50 per member Must be met before benefits are covered	\$50 per member Must be met before benefits are covered	
Calendar Benefit Max	\$1,000		\$1,000		\$1,500 for new enrollees, if applicable		\$1,000		\$1,000	\$750 per member (Diagnostic/Basic/Major) Additional \$500 for Specialty Services	\$1,250 per member		\$1,250 per member	
	\$1,000		\$1000 annual benefit maximum \$2,500 single / \$5,000 family combined medical, dental, and drug annual out-of-pocket limit applies for in-network providers. Out-of-network benefits may not be available through all health plans.		2015 Max	\$750	\$1,000		\$1,000	See above	\$1,250 per member		\$1,250 per member	
2016 Max					\$1,000									
2017 Max					\$1,500									
Diagnostic & Preventative	100%	75%	100% after deductible	75% after deductible	Not Covered		100%	75%	Not Covered	100%	80%	75%	0%	
Routine Evals	2 per year		2 per year		Not Covered		1 every 6 months		Not Covered	100%	80%	75%	0%	
Cleanings	2 per year		2 per year				1 every 6 months							
Bitewing X-rays	1-4 films (image)		1-4 films (image)				1 every 12 months							
Panoramic X-rays	Once every 60 months		Once every 60 months				Once every 60 months							
Fluoride	2 per year up to age 19		2 per year up to age 19				Once per year up to age 16							
Basic	See specific services		See specific services		50% on covered procedures as related to Major Services		75%	55%	75%	80%	60%	50%	75%	
Fillings	100%	50%	100% after deductible	50% after deductible	50%		75%	55%	75%	80%	60%	50%	75%	
Extractions (non-surgical)	Not covered		Not covered										75%	
Local Anesthesia	80%	50%	80% after deductible	50% after deductible									75%	
Emergency Palliative													75%	
X-rays	100%	75%	100% after deductible	75% after deductible			50%	25%	50%	Limited to certain procedures: 80%	Limited to certain procedures: 60%	Limited to certain procedures: 50%	Limited to certain procedures: 75%	
Oral Surgery	Not covered, but may be covered under medical plan		Not covered, but may be covered under medical plan				50%	25%	50%	Limited to certain procedures: 80%	Limited to certain procedures: 60%	Limited to certain procedures: 50%	Limited to certain procedures: 75%	
Major/Restorative	See specific services		See specific services		50% on covered procedures as related to Major Services		50%	25%	50%	60%	40%	25%	60%	
Implants	Not covered		Not covered		50%		50%	25%	50%	Not covered		40%	25%	Not covered
Crowns										60%				60%
Bridges														
Dentures														
Endodontic														
Periodontic	80%: Limited to Periodontal Maintenance	50%: Limited to Periodontal Maintenance	80% after deductible: Limited to Periodontal Maintenance	50% after deductible: Limited to Periodontal Maintenance			50%	25%	50%	60%: Limited to Periodontal Maintenance	40%: Limited to Periodontal Maintenance	25%: Limited to Periodontal Maintenance	60%: Limited to Periodontal Maintenance	
Dental Waiting Period	None		None		None		Preventative - None Basic & Major - 3 months		Basic & Major - 3 months	None	3 months Major & Basic		3 months Major & Basic	
Claim Filing Timeline	12 months		12 months		120 days		120 days		120 days	15 months	15 months		15 months	
Orthodontia	50% (under 19 only)		50% (under 19 after deductible)		50% (under 19 only)		50% if begun before 19		50% if begun before 19	50%	50%		50%	
Ortho Lifetime Max	\$1,500		\$1,500		\$1,200		\$1,000		\$1,000	\$1,000	\$1,000		\$1,000	
Ortho Waiting Period	None		None		24 months		12 months		12 months	None	None		None	
Website	http://etf.wi.gov/members.htm		http://etf.wi.gov/members.htm		http://www.epiclife.com/wi-state-employees/		http://www.epiclife.com/wi-state-employees/		http://www.epiclife.com/wi-state-employees/	http://www.anthem.com/dental-stateofwi/	http://www.anthem.com/dental-stateofwi/	http://www.anthem.com/dental-stateofwi/		

* Uniform Dental not offered with Standard Plan, Medicare Plus or SMP

** Annuitant rates are listed on plan website

This outline is only a general outline of the dental benefits, limitations, and exclusions. You can find a more detailed description of dental coverage in the applicable certificate of coverage.

A certificate will be issued to each employee who becomes insured under the plan. Coverage is subject to all terms and conditions of the policy, which is your contract of insurance.

Policies consist of the group master policy, including the application and all policy riders and endorsements